

51) P.O. Box:	And /Or	52) Street Address: 8410 West Bryn Mawr Ave., Suite 700	
53) City: Chicago		54) State: IL	55) Zip Code: 60631-3486
56) Telephone Number: (773) 399-8900		57) FAX Number: (773) 399-4206	
58) E-Mail Address:			

**Name of Assignee/Transferee Contact Representative (if other than Assignee/Transferee)**

59) First Name:	MI:	Last Name:	Suffix:
60) Company Name:			
61) P.O. Box:	And /Or	62) Street Address:	
63) City:		64) State:	65) Zip Code:
66) Telephone Number:		67) FAX Number:	
68) E-Mail Address:			

**Alien Ownership Questions**

69) Is the Assignee or Transferee a foreign government or the representative of any foreign government?	( N ) <u>Yes</u> <u>No</u>
70) Is the Assignee or Transferee an alien or the representative of an alien?	( N ) <u>Yes</u> <u>No</u>
71) Is the Assignee or Transferee a corporation organized under the laws of any foreign government?	( N ) <u>Yes</u> <u>No</u>
72) Is the Assignee or Transferee a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	( N ) <u>Yes</u> <u>No</u>
73) Is the Assignee or Transferee directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If 'Yes', attach exhibit explaining nature and extent of alien or foreign ownership or control.	( N ) <u>Yes</u> <u>No</u>

**Basic Qualification Questions**

74) Has the Assignee or Transferee or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission? If 'Yes', attach exhibit explaining circumstances.	( N ) <u>Yes</u> <u>No</u>
75) Has the Assignee or Transferee or any party to this application, or any party directly or indirectly controlling the Assignee or Transferee, or any party to this application ever been convicted of a felony by any state or federal court? If 'Yes', attach exhibit explaining circumstances.	( N ) <u>Yes</u> <u>No</u>
76) Has any court finally adjudged the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? If 'Yes', attach exhibit explaining circumstances.	( N ) <u>Yes</u> <u>No</u>
77) Is the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee currently a party in any pending matter referred to in the preceding two items? If 'Yes', attach exhibit explaining circumstances.	( Y ) <u>Yes</u> <u>No</u>

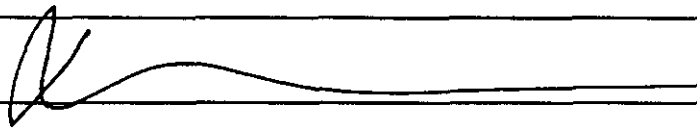
**78) Race, Ethnicity, and Gender of Assignee/Transferee (Optional):**

<b>Race:</b>	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
<b>Ethnicity:</b>	Hispanic or Latino:	Not Hispanic or Latino:			
<b>Gender:</b>	Female:	Male:			

**Fee Status**

79) Is the applicant exempt from FCC application fees?	( N ) <u>Yes</u> No
80) Is the applicant exempt from FCC regulatory fees?	( N ) <u>Yes</u> No

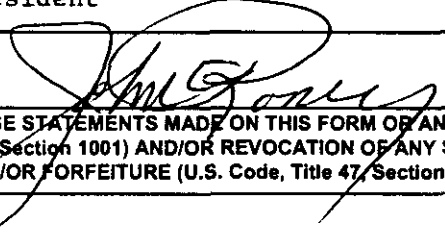
**Assignor/Transferor Certification Statements**

1)	The Assignor or Transferor certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for <i>pro forma</i> assignments and transfers by telecommunications carriers. See <i>Memorandum Opinion and Order</i> , 13 FCC Rcd. 6293 (1998).		
2)	The Assignor or Transferor certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.		
<b>Typed or Printed Name of Party Authorized to Sign</b>			
81) First Name:	Douglas	MI: I	Last Name: Brandon
82) Title:	Vice President		
Signature:			83) Date: 4-1-03

**Assignee/Transferee Certification Statements**

- 1) The Assignee or Transferee certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for *pro forma* assignments and transfers by telecommunications carriers. See *Memorandum Opinion and Order*, 13 FCC Rcd. 6293 (1998).
- 2) The Assignee or Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 3) The Assignee or Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.\*  
\*If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 4) The Assignee or Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor or Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accrued by, or any suit or proceeding had or commenced against the Assignor or Transferor prior to this assignment.
- 5) The Assignee or Transferee certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 6) The Assignee or Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
- 7) The applicant certifies that it either (1) has an updated Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's rules.

**Typed or Printed Name of Party Authorized to Sign**

84) First Name: <b>John</b>	MI: <b>E.</b>	Last Name: <b>Rooney</b>	Suffix:
85) Title: <b>President</b>			
Signature: 			86) Date: <b>4-1-03</b>
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).			



**Schedule for Assignments of Authorization  
and Transfers of Control in Auctioned Services**

Approved by OMB  
3060 - 0800  
See instructions for  
public burden estimate

**Assignments of Authorization**

**1) Assignee Eligibility for Installment Payments (for assignments of authorization only)**

Is the Assignee claiming the same category or a smaller category of eligibility for installment payments as the Assignor (as determined by the applicable rules governing the licenses issued to the Assignor)?

( ☐ N ) ☒ Yes ☐ No

If 'Yes', is the Assignee applying for installment payments?

( ☐ ) ☒ Yes ☐ No

**2) Gross Revenues and Total Assets Information (if required) (for assignments of authorization only)**

Refer to applicable auction rules for method to determine required gross revenues and total assets information

Year 1 Gross Revenues (current)	Year 2 Gross Revenues	Year 3 Gross Revenues	Total Assets:

**3) Certification Statements**

**For Assignees Claiming Eligibility as an Entrepreneur Under the General Rule**

Assignee certifies that they are eligible to obtain the licenses for which they apply.

**For Assignees Claiming Eligibility as a Publicly Traded Corporation**

Assignee certifies that they are eligible to obtain the licenses for which they apply and that they comply with the definition of a Publicly Traded Corporation, as set out in the applicable FCC rules.

**For Assignees Claiming Eligibility Using a Control Group Structure**

Assignee certifies that they are eligible to obtain the licenses for which they apply.

Assignee certifies that the applicant's sole control group member is a pre-existing entity, if applicable.

**For Assignees Claiming Eligibility as a Very Small Business, Very Small Business Consortium, Small Business, or as a Small Business Consortium**

Assignee certifies that they are eligible to obtain the licenses for which they apply.

Assignee certifies that the applicant's sole control group member is a pre-existing entity, if applicable.

**For Assignees Claiming Eligibility as a Rural Telephone Company**

Assignee certifies that they meet the definition of a Rural Telephone Company as set out in the applicable FCC rules, and must disclose all parties to agreement(s) to partition licenses won in this auction. See applicable FCC rules.

**Transfers of Control**

**4) Licensee Eligibility (for transfers of control)**

As a result of the transfer of control, must the licensee now claim a larger or higher category of eligibility than was originally declared?

( ☐ ) ☒ Yes ☐ No

If 'Yes', the new category of eligibility of the licensee is: \_\_\_\_\_

**Certification Statement for Transferees**

Transferee certifies that the answers provided in Item 4 are true and correct.

## **EXHIBIT B: Request for Waiver of Section 1.913(b)**

AT&T Wireless PCS, LLC ("AWP") and Florida RSA#8 LLC ("FLR8 LLC") hereby seek a waiver of Section 1.913(b) of the FCC's rules, 47 C.F.R. §1.913(b), to permit this assignment application to be filed manually on FCC Form 603. As discussed in detail in Exhibit A, through this application and a series of related applications, AT&T Wireless Services, Inc. ("AWS") and United States Cellular Corporation ("USCC") are seeking FCC approval to implement an exchange of certain systems and licenses. This transaction will permit both companies to rationalize their license and systems holdings to strategically effectuate their regional and national growth plans. As outlined in Exhibit A, the transaction involves four groups of assignment applications that are being filed concurrently. The first group consists of applications related to the assignment of authorizations from certain third parties to AT&T Wireless PCS, LLC ("AWP"), a wholly owned subsidiary of AWS. The second group consists of applications relating to the *pro forma* assignment of certain authorizations from wholly-owned subsidiaries of USCC to FLR8 LLC, a wholly-owned subsidiary of USCC. The third group consists of applications, including this application, relating to the assignment of certain authorizations from subsidiaries of AWP to FLR8 LLC. The fourth group consists of an application assigning certain authorizations from FLR8 LLC to AWP.

Because KNLG716 is not presently licensed to AWP in the Commission's Universal Licensing System, however, the parties have no means to file this application electronically. As described in Exhibit A, the proposed transaction involves multiple steps that are interrelated, and the transaction is structured so that no one step can be consummated until the transaction as a whole is approved. Thus, the applications will need to be processed contemporaneously so that the transaction can close. Under these circumstances, and given that this assignment and the related transactions will yield significant public interest benefits, AWP and FLR8 LLC respectfully request a waiver of Section 1.913(b) of the FCC's rules, to permit this assignment to be filed manually on FCC Form 603.<sup>1</sup> Grant of the requested waiver will further the public interest by permitting the underlying transaction to proceed expeditiously, resulting in increased competition and more efficient, seamless provision of services to customers, and by easing the administrative burden on the applicants, the FCC, and the public.

---

<sup>1</sup> See 47 C.F.R. § 1.3 (waiver justified where good cause is shown); 47 C.F.R. § 1.925(b)(3)(ii) (waiver appropriate where unique circumstances render application of the rule unduly burdensome or applicant has no reasonable alternative).

<b>FCC 603</b>	<b>FCC Wireless Telecommunications Bureau Application for Assignments of Authorization and Transfers of Control</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate  Submitted 04/16/2003 at 03:36PM  File Number: <b>0001255845</b>
----------------	---	---

<b>1) Application Purpose: Amendment</b>	
2a) If this request is for an Amendment or Withdrawal, enter the File Number of the pending application currently on file with the FCC.	File Number: <b>0001255845</b>
2b) File numbers of related pending applications currently on file with the FCC:	

**Type of Transaction**

3a) Is this a <i>pro forma</i> assignment of authorization or transfer of control? <b>No</b>
3b) If the answer to Item 3a is 'Yes', is this a notification of a <i>pro forma</i> transaction being filed under the Commission's forbearance procedures for telecommunications licenses?
4) For assignment of authorization only, is this a partition and/or disaggregation? <b>Yes</b>
5a) Does this filing request a waiver of the Commission rules? If 'Yes', attach an exhibit providing the rule numbers and explaining circumstances. <b>No</b>
5b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.
6) Are attachments being filed with this application? <b>Yes</b>
7a) Does the transaction that is the subject of this application also involve transfer or assignment of other wireless licenses held by the assignor/transferor or affiliates of the assignor/transferor(e.g., parents, subsidiaries, or commonly controlled entities) that are not included on this form and for which Commission approval is required? <b>Yes</b>
7b) Does the transaction that is the subject of this application also involve transfer or assignment of non-wireless licenses that are not included on this form and for which Commission approval is required? <b>No</b>

**Transaction Information**

8) How will assignment of authorization or transfer of control be accomplished? <b>See Exhibit A</b> If required by applicable rule, attach as an exhibit a statement on how control is to be assigned or transferred, along with copies of any pertinent contracts, agreements, instruments, certified copies of Court Orders, etc.
9) The assignment of authorization or transfer of control of license is: <b>Voluntary</b>

**Licensee/Assignor Information**

10) FCC Registration Number (FRN): <b>0003572120</b>			
11) First Name (if individual):	MI:	Last Name:	Suffix:
12) Entity Name (if not an individual): <b>TeleCorp PCS, LLC</b>			
13) Attention To: <b>David C. Jatlow, Vice President</b>			
14) P.O. Box:	And / Or	15) Street Address: <b>1150 Connecticut Ave, NW, 4th Floor</b>	
16) City: <b>Washington</b>	17) State: <b>DC</b>	18) Zip Code: <b>20036</b>	
19) Telephone Number: <b>(202)223-9222</b>	20) FAX Number: <b>(202)223-9095</b>		
21) E-Mail Address: <b>david.jatlow@attws.com</b>			

**22) Race, Ethnicity, Gender of Assignor/Licensee (Optional)**

<b>Race:</b>	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
<b>Ethnicity:</b>	Hispanic or Latino:	Not Hispanic or Latino:			
<b>Gender:</b>	Female:	Male:			

**Transferor Information** (for transfers of control only)

23) FCC Registration Number (FRN):			
24) First Name (if individual):	MI:	Last Name:	Suffix:
25) Entity Name (if not an individual):			
26) P.O. Box:	And / Or	27) Street Address:	
28) City:	29) State:	30) Zip Code:	
31) Telephone Number:		32) FAX Number:	
33) E-Mail Address:			

**Name of Transferor Contact Representative** (if other than Transferor) (for transfers of control only)

34) First Name:	MI:	Last Name:	Suffix:
35) Company Name:			
36) P.O. Box:	And / Or	37) Street Address:	
38) City:	39) State:	40) Zip Code:	
41) Telephone Number:		42) FAX Number:	
43) E-Mail Address:			

**Assignee/Transferee Information**

44) The Assignee is a(n): <b>Limited Liability Corporation</b>			
45) FCC Registration Number (FRN): <b>0008710014</b>			
46) First Name (if individual):	MI:	Last Name:	Suffix:
47) Entity Name (if other than individual): <b>FLORIDA RSA #8 LLC</b>			
48) Name of Real Party in Interest: <b>United States Cellular Corporation</b>			49) TIN: <b>L00127162</b>
50) Attention To: <b>UNITED STATES CELLULAR CORPORATION</b>			
51) P.O. Box:	And / Or	52) Street Address: <b>8410 WEST BRYN MAWR AVENUE, SUITE 700</b>	
53) City: <b>CHICAGO</b>	54) State: <b>IL</b>	55) Zip Code: <b>60631</b>	
56) Telephone Number: <b>(773)399-8900</b>		57) FAX Number: <b>(773)399-4206</b>	
58) E-Mail Address:			

**Name of Assignee/Transferee Contact Representative** (if other than Assignee/Transferee)

59) First Name: <b>PETER</b>	MI: <b>M</b>	Last Name: <b>CONNOLLY</b>	Suffix: <b>ESQ</b>
60) Company Name: <b>HOLLAND &amp; KNIGHT LLP</b>			
61) P.O. Box:	And / Or	62) Street Address: <b>2099 PENNSYLVANIA AVE., NW, SUITE 100</b>	
63) City: <b>WASHINGTON</b>	64) State: <b>DC</b>	65) Zip Code: <b>20006</b>	
66) Telephone Number: <b>(202)955-3000</b>		67) FAX Number: <b>(202)955-5564</b>	
68) E-Mail Address: <b>PCONNOLL@HKLAW.COM</b>			

**Alien Ownership Questions**



69) Is the Assignee or Transferee a foreign government or the representative of any foreign government?	No
70) Is the Assignee or Transferee an alien or the representative of an alien?	No
71) Is the Assignee or Transferee a corporation organized under the laws of any foreign government?	No
72) Is the Assignee or Transferee a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	No
73) Is the Assignee or Transferee directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? If 'Yes', attach exhibit explaining nature and extent of alien or foreign ownership or control.	No

### Basic Qualification Questions

74) Has the Assignee or Transferee or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission? If 'Yes', attach exhibit explaining circumstances.	No
75) Has the Assignee or Transferee or any party to this application, or any party directly or indirectly controlling the Assignee or Transferee, or any party to this application ever been convicted of a felony by any state or federal court? If 'Yes', attach exhibit explaining circumstances.	No
76) Has any court finally adjudged the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition? If 'Yes', attach exhibit explaining circumstances.	No
77) Is the Assignee or Transferee, or any party directly or indirectly controlling the Assignee or Transferee currently a party in any pending matter referred to in the preceding two items? If 'Yes', attach exhibit explaining circumstances.	No

### 78) Race, Ethnicity, Gender of Assignee/Transferee (Optional)

Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

### Assignor/Transferor Certification Statements

1) The Assignor or Transferor certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for <i>pro forma</i> assignments and transfers by telecommunications carriers. See <i>Memorandum Opinion and Order</i> , 13 FCC Rcd. 6293(1998).			
2) The Assignor or Transferor certifies that all statements made in this application and in the exhibits, attachments, or in documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.			
79) Typed or Printed Name of Party Authorized to Sign			
First Name: Douglas	MI: I	Last Name: Brandon	Suffix:
80) Title: Vice President of Manager			
Signature: Douglas I Brandon		81) Date: 04/16/03	

### Assignee/Transferee Certification Statements

1) The Assignee or Transferee certifies either (1) that the authorization will not be assigned or that control of the license will not be transferred until the consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the transaction is subject to streamlined notification procedures for <i>pro forma</i> assignments and transfers by telecommunications carriers See <i>Memorandum Opinion and Order</i> , 13 FCC Rcd. 6293 (1998).
2) The Assignee or Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
3) The Assignee or Transferee certifies that grant of this application would not cause the Assignee or Transferee to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule. *If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
4) The Assignee or Transferee agrees to assume all obligations and abide by all conditions imposed on the Assignor or Transferor under the subject authorization(s), unless the Federal Communications Commission pursuant to a request made herein otherwise allows, except for liability for any act done by, or any right accrued by, or any suit or proceeding had or commenced against the Assignor or Transferor prior to this assignment.
5) The Assignee or Transferee certifies that all statements made in this application and in the exhibits, attachments, or in documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
6) The Assignee or Transferee certifies that neither it nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1998, 21 U.S.C § 862, because of a conviction for possession or distribution of a controlled substance. See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
7) The applicant certifies that it either (1) has an updated Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's rules.

**82) Typed or Printed Name of Party Authorized to Sign**

First Name: JOHN	MI: E	Last Name: ROONEY	Suffix:
83) Title: PRESIDENT			
Signature: JOHN E ROONEY		84) Date: 04/16/03	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).			

**Authorizations To Be Assigned or Transferred**

85) Call Sign	86) Radio Service	87) Location Number	88) Path Number (Microwave only)	89) Frequency Number	90) Lower or Center Frequency (MHz)	91) Upper Frequency (MHz)	92) Constructed Yes / No	93) Assignment Indicator
WPOI217	AL							

**FCC Form 603  
Schedule A****Schedule for Assignments of Authorization  
and Transfers of Control in Auctioned Services**Approved by OMB  
3060 - 0800  
See instructions for public  
burden estimate**Assignments of Authorization****1) Assignee Eligibility for Installment Payments (for assignments of authorization only)**Is the Assignee claiming the same category or a smaller category of eligibility for installment payments as the Assignor  
(as determined by the applicable rules governing the licenses issued to the Assignor)?

If 'Yes', is the Assignee applying for installment payments?

**2) Gross Revenues and Total Assets Information (if required) (for assignments of authorization only)**

Refer to applicable auction rules for method to determine required gross revenues and total assets information

Year 1 Gross Revenues  
(current)

Year 2 Gross Revenues

Year 3 Gross Revenues

Total Assets:

**3) Certification Statements****For Assignees Claiming Eligibility as an Entrepreneur Under the General Rule**

Assignee certifies that they are eligible to obtain the licenses for which they apply.

**For Assignees Claiming Eligibility as a Publicly Traded Corporation**Assignee certifies that they are eligible to obtain the licenses for which they apply and that they comply with the definition of a Publicly  
Traded Corporation, as set out in the applicable FCC rules.**For Assignees Claiming Eligibility Using a Control Group Structure**

Assignee certifies that they are eligible to obtain the licenses for which they apply.

Assignee certifies that the applicant's sole control group member is a pre-existing entity, if applicable.

**For Assignees Claiming Eligibility as a Very Small Business, Very Small Business Consortium, Small Business, or as a Small  
Business Consortium**

Assignee certifies that they are eligible to obtain the licenses for which they apply.

Assignee certifies that the applicant's sole control group member is a pre-existing entity, if applicable.

**For Assignees Claiming Eligibility as a Rural Telephone Company**Assignee certifies that they meet the definition of a Rural Telephone Company as set out in the applicable FCC rules, and must  
disclose all parties to agreement(s) to partition licenses won in this auction. See applicable FCC rules.**Transfers of Control****4) Licensee Eligibility (for transfers of control only)**As a result of transfer of control, must the licensee now claim a larger or higher category of eligibility than was  
originally declared?

If 'Yes', the new category of eligibility of the licensee is:

**Certification Statement for Transferees**

Transferee certifies that the answers provided in Item 4 are true and correct.

**FCC Form 603  
Schedule B****Partition and Disaggregation Schedule**Approved by OMB  
3060 - 0800  
See instructions for public burden  
estimate

1) Partitioner/Disaggregator Call Sign: **WPOI217**

### Geographic Area Partitioned

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
<b>BTA308</b>	Schedule C # Attached:	<b>122656</b>

### 5) Spectrum Disaggregated (in MHz)

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
<b>01850.00000</b>	<b>01855.00000</b>
<b>01930.00000</b>	<b>01935.00000</b>

### 6) Coverage Requirements - Partitioning

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

### 7) Coverage Requirements - Disaggregation

(Yes) Option 1	Disaggregator and Disaggrantee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disaggrantee each certify that the Disaggrantee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disaggrantee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

**FCC Form 603  
Schedule B**

**Partition and Disaggregation Schedule**

Approved by OMB  
3060 - 0800  
See instructions for public burden  
estimate

1) Partitioner/Disaggregator Call Sign: **WPOI217**

### Geographic Area Partitioned

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
<b>BTA090</b>	Schedule C # Attached:	<b>216756</b>

### 5) Spectrum Disaggregated (in MHz)

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
<b>01850.00000</b>	<b>01855.00000</b>
<b>01930.00000</b>	<b>01935.00000</b>

**6) Coverage Requirements - Partitioning**

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

**7) Coverage Requirements - Disaggregation**

(Yes) Option 1	Disaggregator and Disaggragatee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disaggragatee each certify that the Disaggragatee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disaggragatee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	---

1) Partitioner/Disaggregator Call Sign: **WPOI217****Geographic Area Partitioned**

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
<b>camden,mo</b>	Schedule C # Attached:	<b>37051</b>

**5) Spectrum Disaggregated (in MHz)**

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
<b>01850.00000</b>	<b>01855.00000</b>
<b>01930.00000</b>	<b>01935.00000</b>

**6) Coverage Requirements - Partitioning**

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

**7) Coverage Requirements - Disaggregation**

(Yes) Option 1	Disaggregator and Disaggragatee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disaggragatee each certify that the Disaggragatee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disaggragatee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	--

1) Partitioner/Disaggregator Call Sign: **WPOI217**

### Geographic Area Partitioned

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
<b>stone,mo</b>	Schedule C # Attached:	<b>28658</b>

### 5) Spectrum Disaggregated (in MHz)

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
<b>01850.00000</b>	<b>01855.00000</b>
<b>01930.00000</b>	<b>01935.00000</b>

### 6) Coverage Requirements - Partitioning

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

### 7) Coverage Requirements - Disaggregation

(Yes) Option 1	Disaggregator and Disaggragatee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disaggragatee each certify that the Disaggragatee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disaggragatee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	--

1) Partitioner/Disaggregator Call Sign: **WPOI217**

### Geographic Area Partitioned

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
<b>taney,mo</b>	Schedule C # Attached:	<b>39703</b>

### 5) Spectrum Disaggregated (in MHz)

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
01850.00000	01855.00000
01930.00000	01935.00000

**6) Coverage Requirements - Partitioning**

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

**7) Coverage Requirements - Disaggregation**

(Yes) Option 1	Disaggregator and Disaggrantee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disaggrantee each certify that the Disaggrantee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disaggrantee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	--

1) Partitioner/Disaggregator Call Sign: WPOI217

**Geographic Area Partitioned**

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
dallas,mo	Schedule C # Attached:	15661

**5) Spectrum Disaggregated (in MHz)**

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
01850.00000	01860.00000
01930.00000	01940.00000

**6) Coverage Requirements - Partitioning**

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

**7) Coverage Requirements - Disaggregation**

(Yes) Option 1	Disaggregator and Disagregatee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disagregatee each certify that the Disagregatee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disagregatee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	--

1) Partitioner/Disaggregator Call Sign: **WPOI217**

### Geographic Area Partitioned

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
douglas,mo	Schedule C # Attached:	13084

### 5) Spectrum Disaggregated (in MHz)

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
01850.00000	01860.00000
01930.00000	01940.00000

### 6) Coverage Requirements - Partitioning

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

### 7) Coverage Requirements - Disaggregation

(Yes) Option 1	Disaggregator and Disagregatee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disagregatee each certify that the Disagregatee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disagregatee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	--

1) Partitioner/Disaggregator Call Sign: **WPOI217**



**Geographic Area Partitioned**

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
Hickory,MO	Schedule C # Attached:	8940

**5) Spectrum Disaggregated (in MHz)**

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
01850.00000	01860.00000
01930.00000	01940.00000

**6) Coverage Requirements - Partitioning**

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

**7) Coverage Requirements - Disaggregation**

(Yes) Option 1	Disaggregator and Disaggragatee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disaggragatee each certify that the Disaggragatee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disaggragatee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	---

1) Partitioner/Disaggregator Call Sign: **WPOI217****Geographic Area Partitioned**

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
Polk,MO	Schedule C # Attached:	26992

**5) Spectrum Disaggregated (in MHz)**

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
01850.00000	01860.00000
01930.00000	01940.00000

**6) Coverage Requirements - Partitioning**

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

**7) Coverage Requirements - Disaggregation**

(Yes) Option 1	Disaggregator and Disaggragatee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disaggragatee each certify that the Disaggragatee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disaggragatee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	---

1) Partitioner/Disaggregator Call Sign: **WPOI217****Geographic Area Partitioned**

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
cedar,MO	Schedule C # Attached:	13733

**5) Spectrum Disaggregated (in MHz)**

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
01850.00000	01860.00000
01930.00000	01940.00000

**6) Coverage Requirements - Partitioning**

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

**7) Coverage Requirements - Disaggregation**

(Yes) Option 1	Disaggregator and Disaggragatee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disaggragatee each certify that the Disaggragatee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disaggragatee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	--

1) Partitioner/Disaggregator Call Sign: **WPOI217**

### Geographic Area Partitioned

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
laclede,MO	Schedule C # Attached:	<b>32513</b>

### 5) Spectrum Disaggregated (in MHz)

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
<b>01850.00000</b>	<b>01860.00000</b>
<b>01930.00000</b>	<b>01940.00000</b>

### 6) Coverage Requirements - Partitioning

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

### 7) Coverage Requirements - Disaggregation

(Yes) Option 1	Disaggregator and Disaggragatee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disaggragatee each certify that the Disaggragatee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disaggragatee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	--

1) Partitioner/Disaggregator Call Sign: **WPOI217**

### Geographic Area Partitioned

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
texas,MO	Schedule C # Attached:	<b>23003</b>

### 5) Spectrum Disaggregated (in MHz)

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
01850.00000	01860.00000
01930.00000	01940.00000

**6) Coverage Requirements - Partitioning**

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

**7) Coverage Requirements - Disaggregation**

(Yes) Option 1	Disaggregator and Disaggrantee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disaggrantee each certify that the Disaggrantee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disaggrantee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	--

1) Partitioner/Disaggregator Call Sign: **WPOI217****Geographic Area Partitioned**

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
webster,MO	Schedule C # Attached:	31045

**5) Spectrum Disaggregated (in MHz)**

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
01850.00000	01860.00000
01930.00000	01940.00000

**6) Coverage Requirements - Partitioning**

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

**7) Coverage Requirements - Disaggregation**

(Yes) Option 1	Disaggregator and Disagregatee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disagregatee each certify that the Disagregatee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disagregatee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	--

1) Partitioner/Disaggregator Call Sign: **WPOI217**

### Geographic Area Partitioned

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
<b>wright,MO</b>	Schedule C # Attached:	<b>17955</b>

### 5) Spectrum Disaggregated (in MHz)

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
<b>01850.00000</b>	<b>01860.00000</b>
<b>01930.00000</b>	<b>01940.00000</b>

### 6) Coverage Requirements - Partitioning

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

### 7) Coverage Requirements - Disaggregation

(Yes) Option 1	Disaggregator and Disagregatee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disagregatee each certify that the Disagregatee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disagregatee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	--

1) Partitioner/Disaggregator Call Sign: **WPOI217**

**Geographic Area Partitioned**

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
<b>BTA217</b>	Schedule C # Attached:	<b>163616</b>

**5) Spectrum Disaggregated (in MHz)**

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
<b>01850.00000</b>	<b>01855.00000</b>
<b>01930.00000</b>	<b>01935.00000</b>

**6) Coverage Requirements - Partitioning**

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

**7) Coverage Requirements - Disaggregation**

(Yes) Option 1	Disaggregator and Disaggragatee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disaggragatee each certify that the Disaggragatee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disaggragatee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

<b>FCC Form 603 Schedule B</b>	<b>Partition and Disaggregation Schedule</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate
------------------------------------	--	---

1) Partitioner/Disaggregator Call Sign: **WPOI217****Geographic Area Partitioned**

2) Defined Area to be Partitioned	3) Undefined Area to be Partitioned (Complete undefined geographic area attachment)	4) Population of Partitioned Area
<b>BTA383</b>	Schedule C # Attached:	<b>104820</b>

**5) Spectrum Disaggregated (in MHz)**

Spectrum Disaggregated	
Lower Frequency	Upper Frequency
<b>01850.00000</b>	<b>01855.00000</b>
<b>01930.00000</b>	<b>01935.00000</b>

**6) Coverage Requirements - Partitioning**

(No) Option 1	Partitioner and Partitionee each certify that they will be subject to the same coverage requirements for their respective partitioned areas.
(Yes) Option 2	Partitioner certifies that the 5 year coverage requirements have been or will be met and that the 10 year coverage requirements must be met for the entire license area. Partitionee certifies that only the substantial service requirement for renewal expectancy for the partitioned area must be met by the end of the 10 year license term.

**7) Coverage Requirements - Disaggregation**

(Yes) Option 1	Disaggregator and Disaggregatee each certify that the Disaggregator will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 2	Disaggregator and Disaggregatee each certify that the Disaggregatee will maintain responsibility for meeting the applicable coverage requirements for the entire license area.
(No) Option 3	Disaggregator and Disaggregatee each certify that they will share responsibility for meeting the applicable coverage requirements for the entire license area.

The copy resulting from Print Preview is intended to be used as a reference copy only and MAY NOT be submitted to the FCC as an application for manual filing.

**Attachment List**

Attachment Type	Date	Description	Contents
Other	04/16/03	Ex. A: Description & Pub. Int. Stmt	<u>0178365658466422952304169.pdf</u>

<b>FCC 603</b>	<b>FCC Wireless Telecommunications Bureau Application for Assignments of Authorization and Transfers of Control</b>	Approved by OMB 3060 - 0800 See instructions for public burden estimate  Submitted 04/30/2003 at 09:36AM  File Number: <b>0001255862</b>
----------------	---	---

<b>1) Application Purpose: Amendment</b>	
2a) If this request is for an Amendment or Withdrawal, enter the File Number of the pending application currently on file with the FCC.	File Number: <b>0001255862</b>
2b) File numbers of related pending applications currently on file with the FCC:	

**Type of Transaction**

3a) Is this a <i>pro forma</i> assignment of authorization or transfer of control? <b>No</b>
3b) If the answer to Item 3a is 'Yes', is this a notification of a <i>pro forma</i> transaction being filed under the Commission's forbearance procedures for telecommunications licenses?
4) For assignment of authorization only, is this a partition and/or disaggregation? <b>Yes</b>
5a) Does this filing request a waiver of the Commission rules? If 'Yes', attach an exhibit providing the rule numbers and explaining circumstances. <b>No</b>
5b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.
6) Are attachments being filed with this application? <b>Yes</b>
7a) Does the transaction that is the subject of this application also involve transfer or assignment of other wireless licenses held by the assignor/transferor or affiliates of the assignor/transferor (e.g., parents, subsidiaries, or commonly controlled entities) that are not included on this form and for which Commission approval is required? <b>Yes</b>
7b) Does the transaction that is the subject of this application also involve transfer or assignment of non-wireless licenses that are not included on this form and for which Commission approval is required? <b>No</b>

**Transaction Information**

8) How will assignment of authorization or transfer of control be accomplished? <b>See Exhibit A</b> If required by applicable rule, attach as an exhibit a statement on how control is to be assigned or transferred, along with copies of any pertinent contracts, agreements, instruments, certified copies of Court Orders, etc.
9) The assignment of authorization or transfer of control of license is: <b>Voluntary</b>

**Licensee/Assignor Information**

10) FCC Registration Number (FRN): <b>0003802246</b>			
11) First Name (if individual):	MI:	Last Name:	Suffix:
12) Entity Name (if not an individual): <b>Eclipse PCS of Indianapolis, LLC</b>			
13) Attention To: <b>David C. Jatlow</b>			
14) P.O. Box:	And / Or	15) Street Address: <b>1150 Connecticut Ave, NW, 4th Floor</b>	
16) City: <b>Washington</b>		17) State: <b>DC</b>	18) Zip Code: <b>20036</b>
19) Telephone Number: <b>(202)223-9222</b>		20) FAX Number: <b>(202)223-9090</b>	
21) E-Mail Address: <b>david.jatlow@attws.com</b>			

**22) Race, Ethnicity, Gender of Assignor/Licensee (Optional)**



<b>Race:</b>	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
<b>Ethnicity:</b>	Hispanic or Latino:	Not Hispanic or Latino:			
<b>Gender:</b>	Female:	Male:			

**Transferor Information (for transfers of control only)**

23) FCC Registration Number (FRN):			
24) First Name (if individual):	MI:	Last Name:	Suffix:
25) Entity Name (if not an individual):			
26) P.O. Box:	And / Or	27) Street Address:	
28) City:	29) State:	30) Zip Code:	
31) Telephone Number:		32) FAX Number:	
33) E-Mail Address:			

**Name of Transferor Contact Representative (if other than Transferor) (for transfers of control only)**

34) First Name:	MI:	Last Name:	Suffix:
35) Company Name:			
36) P.O. Box:	And / Or	37) Street Address:	
38) City:	39) State:	40) Zip Code:	
41) Telephone Number:		42) FAX Number:	
43) E-Mail Address:			

**Assignee/Transferee Information**

44) The Assignee is a(n): <b>Limited Liability Corporation</b>			
45) FCC Registration Number (FRN): <b>0008710014</b>			
46) First Name (if individual):	MI:	Last Name:	Suffix:
47) Entity Name (if other than individual): <b>FLORIDA RSA #8 LLC</b>			
48) Name of Real Party in Interest: <b>United States Cellular Corporation</b>			49) TIN: <b>L00127162</b>
50) Attention To: <b>UNITED STATES CELLULAR CORPORATION</b>			
51) P.O. Box:	And / Or	52) Street Address: <b>8410 WEST BRYN MAWR AVENUE, SUITE 700</b>	
53) City: <b>CHICAGO</b>	54) State: <b>IL</b>	55) Zip Code: <b>60631</b>	
56) Telephone Number: <b>(773)399-8900</b>		57) FAX Number: <b>(773)399-4206</b>	
58) E-Mail Address:			

**Name of Assignee/Transferee Contact Representative (if other than Assignee/Transferee)**

59) First Name: <b>PETER</b>	MI: <b>M</b>	Last Name: <b>CONNOLLY</b>	Suffix: <b>ESQ</b>
60) Company Name: <b>HOLLAND &amp; KNIGHT LLP</b>			
61) P.O. Box:	And / Or	62) Street Address: <b>2099 PENNSYLVANIA AVE., NW, SUITE 100</b>	
63) City: <b>WASHINGTON</b>	64) State: <b>DC</b>	65) Zip Code: <b>20006</b>	
66) Telephone Number: <b>(202)955-3000</b>		67) FAX Number: <b>(202)955-5564</b>	
68) E-Mail Address: <b>PCONNOLL@HKLAW.COM</b>			

**Alien Ownership Questions**